

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35194

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No.)

Registration District No. *791*
Primary Registration District No. *1038*

File No.
Registered No. *9411*
St. Ward)

2. FULL NAME

(a) Residence, No. *100 Highland Pl. S. St. Louis Ill. 21*
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 21 1897</i>		
7. AGE <i>36</i>	YEARS <i>2</i>	MONTHS <i>9</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School Teacher</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Board of Education</i>		
10. Date deceased last worked at this occupation (month and year) <i>St. Louis Ill.</i>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Larence Kans.</i>		
13. NAME <i>Adams, S. Carter</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Larence Kans.</i>		
15. MAIDEN NAME <i>Hattie Smith</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Larence Kans.</i>		
17. INFORMANT (ADDRESS) <i>Adams S. Carter</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Larence Kans.</i> DATE <i>Oct. 31 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Peoples Burial League</i>		
20. FILED <i>Oct 31 1933</i> <i>Joe Bredeck</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 28 1933*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Spinal fracture of vertebrae with corripal
Date of onset

Other contributory causes of importance:

Auto Accident

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury 19.....

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Auto accident*

Nature of injury *fracture of vertebra*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. S. Finney*

(Address) *St. Louis, Mo.*

10/30/33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 491

Township.....

Primary Registration District No. 1003

City St. Louis (No.)

File No.

Registered No. 9411

St. Ward)

2. FULL NAME

(a) Residence, No. 1

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

3 10 1939

J. F. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Accident Date of onset

Other contributory causes of importance

deceased was working
in car and struck
light standards

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)....., M. D.

(Address).....

S-35194